



Practitioner's Docket No. 701039-052260

IPW/AF

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Larry I. Benowitz
Application No.: 09/656,915 Group No.: 1647
Filed: 09/07/2000 Examiner: Christopher J. Nichols
For: METHODS AND COMPOSITIONS FOR MODULATING AXONAL
OUTGROWTH OF CENTRAL NERVOUS SYSTEM NEURONS

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

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1. Transmittal Form in duplicate (2 pp.);
2. Notice of Appeal in duplicate (2 pp.);
3. Petition for Extension of Time in duplicate (4 pp.);
4. Fee Transmittal in duplicate (2 pp.);
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6. Return Receipt Postcard;

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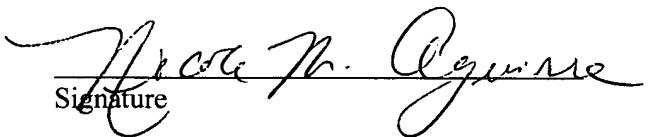
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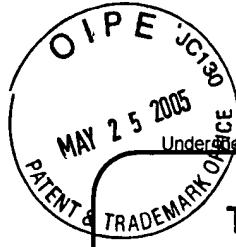
Date: May 23, 2005

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Nicole M. Aguirre
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/656,915
Filing Date	September 7, 2000
First Named Inventor	Larry I. Benowitz
Art Unit	1647
Examiner Name	Christopher J. Nichols
Attorney Docket Number	701039-052260

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Check - \$535.00; Certificate of Mailing and Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<p>Remarks The Commissioner is authorized to charge fee deficiencies or credit overpayments to the NIXON PEABODY LLP Deposit Account No. 50-0850.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

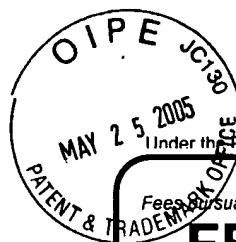
Firm Name	NIXON PEABODY LLP		
Signature			
Printed name	David S. Resnick		
Date	5/23/05	Reg. No.	34,235

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Nicole M. Aguirre	Date	5/23/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 535.00)

Complete if Known

Application Number	09/656,915
Filing Date	September 7, 2000
First Named Inventor	Larry I. Benowitz
Examiner Name	Christopher J. Nichols
Art Unit	1647
Attorney Docket No.	701039-052260

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-0850 Deposit Account Name: NIXON PEABODY LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

Small Entity

<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25

Each independent claim over 3 (including Reissues)

<u>Fee (\$)</u>	<u>Fee (\$)</u>
200	100

Multiple dependent claims

<u>Fee (\$)</u>	<u>Fee (\$)</u>
360	180

Total Claims
Extra Claims
Fee (\$)
Fee Paid (\$)
Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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_____	- 20 or HP = _____	x	_____	=	_____
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims
Extra Claims
Fee (\$)
Fee Paid (\$)

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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_____	- 3 or HP = _____	x	_____	=	_____
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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_____	_____	/ 50 = _____ (round up to a whole number)	x 125.00	= 0.00
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Notice of Appeal and difference between 2 & 3 Mos X of Time 535.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,235	Telephone	617-345-6057
Name (Print/Type)	David S. Resnick		Date	5/23/05	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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